THE LANCET.

VOL. VII.—No. 8.] LONDON, SATURDAY, MAY 28, 1825. [*Price 6d.*

MORE "HOLE AND CORNER" DOINGS.

THE public will recollect that Mr. Abernethy, in December last, applied to the Court of Chancery for an Injunction to restrain the publication of his lectures in this work. The Lord Chancellor very properly, as we conceive, refused the application, but, at the same time, politely invited Mr. Abernethy to appear there again, not exactly as a "blue pill," but in a somewhat different form—in the shape of an "implied contract." Mr. A. does not take his lordship's kind advice—suffers January, February, March, and April to pass away, and we hear nothing of him. During the months just mentioned we regularly continued the publication of Mr. A.'s lectures, and in the first week of April presented our readers with the last of them, and, of course, were led to believe, that the "Chancery mixture" and "blue pill" did not well assimilate, that Mr. Abernethy would not again try a remedy which had been attended with such disagreeable effects; we concluded then that we had quite done with Mr. Abernethy and his Chancery suit—events proved that we were wrong, and unfortunately it is not the first time we have been deceived in our forebodings. Comical as we know Mr. Abernethy to be, we did not expect, after we had *concluded* the publication of his lectures, after we had presented the *last* of them to the world, that he would call upon the Chancellor to prevent our *doing that* which had actually been *done* several weeks previously; but it appears that Mr. Abernethy's notion of law is, that it can alter the past as well as the future.

He may possibly have vanity enough to suppose that we shall *reprint* his lectures. On this point his mind may be perfectly at ease; our pages have been already obscured with his hypothetical nonsense during six tedious months, and when we read the proof of the last paragraph we felt relieved, as we formerly stated, of a most intolerable *incubus*.

This renewed attack is one of a series of legal proceedings which the "Hole and Corner" people long ago resolved upon instituting against THE LANCET, with a view of deterring us from discharging our public duty, and with a view of subduing that exulting tone of independence in which we have proclaimed to the world their abominable malpractices. We have hitherto smiled at their impotent efforts, and smile at them still; for really their imbecility renders them the most ludicrous of opponents. We sometime since alluded to a meeting

of certain of the lecturers and hospital surgeons, held for the purpose of adopting such measures as should have the effect of *putting down The Lancet*. Our information on this subject was exceedingly loose until Wednesday last, when, having heard it whispered that one or more of those meetings had been held at the Freemasons' Tavern, it struck us that we might, by a little manœuvre, get possession of the secret; knowing how fervently the "Hole and Corner" people worship the molten god, we considered it extremely probable, (as they had met on such a disastrous subject,) that they had forgotten to pay their bill. Now, as the meeting was held on our account, we thought it but right that we should go to the landlord of the tavern—ask how matters stood, and, if unpaid, offer to settle the account.

It is not a little extraordinary that our conjecture was realised. We informed Mr. Cuff's clerk, without any preliminary observation, that we had called to pay the expences of a Meeting of Medical Gentlemen, friends of Mr. Abernethy, which had been held there in December last—"Oh yes, sir, said he, I recollect, one Saturday night in that room."—(Pointing to a room at the bottom of the stairs; a low situation, calculated for *low* company and *low* deeds.)—"The account is not settled, we believe?" "No, it is not." "If you will get it drawn out, as we see you are busy now, we will call and pay it in the morning." The following morning we were punctual; obtained the bill, paid it, and presented the waiters with 2*s.* 6*d.*, for they had been forgotten too. One of the gentlemen was so affected that he was compelled to have a coach to take him away. The landlord paid the coachman, which was also forgotten. This *Tavern account* of a Meeting of Gentlemen is really so rare—so choice a morsel, that we must present our readers with a faithful transcript of it:—

Mr. STANLEY,

To J. J. Cuff,

1824.		£.	s.	d.
Dec. 27.	To room.....	15	0	
	Paid for coach.....	1	0	
		16	0	
	Waiters.....	2	6	
May 25.				
	Rec^{d} for J. J. Cuff, T. Hoggray.	18	6	

Here was a jovial meeting! Look at the charges for refreshments! Not a solitary glass of Burgundy or of Mr. Cuff's fine old Port. The only thing inquired for was a preserved peach by Mr. Travers, but when that gentleman had made the lateral incision and found that it was *stoneless*, he rejected it with apparent nausea; however upon its being represented to him, shortly afterwards, that one of the waiters had discovered the stone in an old *mush box*, he became somewhat better, and soon after left the room. Mr. Cuff, we should suppose, from the appearance of this bill, cannot wish to have another Medical Meeting. It was a "Hole and Corner" proceeding to the very letter, for it appears, by the bill, that although it took place at the latter end of December there was neither fire nor candle.

Mr. Green, we understood, ordered the room, but who attended besides

that gentleman, Stanley, Travers, Brodie, and Vincent, we cannot say. Mr. Stanley, we expect, will thank us for discharging this funny little bill, and we have no doubt he will feel particularly grateful to us for having given it this publicity, more especially as the cause for which it was incurred is one which does him and his coadjutors so much honour. We ought to have stated, that this meeting was convened by letter, addressed to nearly all the Hospital Surgeons and Lecturers.

Who can *now* doubt that we have been the objects of a conspiracy, and that these repeated law proceedings are systematic attacks, which it is hoped, (vainly enough, God knows,) will ultimately conquer us? The Lecturers are loud in their complaints against us, upon the ground that their lectures are a valuable property to them, and that it is not fair to publish them to the world. How can a man of sterling talent make such a complaint as this? Did Sir Astley Cooper do so? Will the present Surgeons of Guy's Hospital do so? Will a man possessing the professional knowledge of Mr. Lawrence utter such a senseless cry as this? Never. And we cannot but express our astonishment that such a man as Dr. Armstrong should have offered any objection to the publication of his lectures through the medium of the periodical press. Dr. A.'s objection was on the ground of the infringement of private right; he acknowledged, at the same time, that the practice might be attended with great public utility, which indeed cannot for a moment be questioned. But, as this subject will be argued more fully in the Court of Chancery on Tuesday next,* we shall for the present drop it, for the purpose of introducing to the notice of our readers, a specimen of London *Hospital practice*, and after having read the following depositions, is there one individual who is capable of distinguishing between the extremes of right and wrong, who will say that such a publication as THE LANCET is not required to correct such barefaced ignorance, such disgraceful, nay criminal, negligence, as will be discovered on a perusal of the report of the following Inquest?

(COPY.)

City and Liberty of Westminster, in the County of Middlesex.

INFORMATIONS OF WITNESSES *severally taken and acknowledged on the behalf of our Sovereign Lord the King, touching the death of* JAMES WHEELER, *at the dwelling-house of Mary Womack, called or known by the name or sign of the White Horse, situate in Knightsbridge, in the Parish of Saint George Hanover-square, in the said Liberty, in the County aforesaid, on the third day of March* 1825, *before me,* JOHN HENRY GELL, *His Majesty's Coroner for the said City and Liberty, on an INQUISITION then and there taken on view of the body of the said* JAMES WHEELER.

JAMES RICHARDSON, of 73, Sloane-street, Surgeon, on his Oath deposeth,—In the beginning of this week, I do not recollect the day, the de-

* In addition to the Solicitor General and Mr. Rose, our opponents have provided themselves with two other counsel, Mr. Abercrombie and Mr. Duckworth. To meet this new array, we have armed ourselves with Mr. Brougham, whom we have specially retained. Mr. B.'s appearance in the Court of Chancery will not be the least interesting part of this curious affair.

ceased's widow called on me, and requested I would see his body; I went the following day, and found the body in a house near Wilton-place. On examination, *I saw that* MORTIFICATION *in the middle of the arm had ensued.* There was an incision in that part, as if for the purpose of taking up an artery; this was in the part of the arm where it is usual to open a vein.

JAMES RICHARDSON,
Surgeon.

WILLIAM EGGLETON, servant to the widow of the deceased, on his Oath deposeth,—The deceased is 32 years of age. I was sent for last Sunday night, to attend to his business, as he was unwell. I saw him in St. George's Hospital that evening, between five and six. I afterwards went betwixt nine and ten, and staid. He told me, about a quarter of an hour before he died, *that he was sensible he was dying*, and he then said, he was "A MURDERED MAN." I did not inquire who had murdered him, nor did he explain who had; he died about five minutes after twelve o'clock of that night. I have omitted to state, that when he said he was a murdered man, he added, *that it was by having been bled in the arm.*

WILLIAM EGGLETON,
his ✕ mark.

WILLIAM COWELL, House Surgeon to St. George's Hospital, on his Oath deposeth,—The first time I saw the deceased was Wednesday the 23d of February last, he was then an outpatient; he had inflammation of the lungs; he was a physician's patient. About four o'clock in the afternoon of that day, I was told there was an accident in the Oxford ward. I went there directly, and found *an accident had happened in* BLEEDING *the deceased; I then was convinced that an artery in his right arm was wounded;* this artery was directly under the vein which is usually opened; I stopped the hæmorrhage, and ordered the deceased to bed; he was tolerably well for the next 24 hours. Symptoms of inflammation of the lungs gained ground, *and I requested a Physician o see him: this was on the following Friday evening.* I explained the state of the case to the physician, (Dr. CHAMBERS,) who said, *that from the severity of the disease of the chest, an operation was unadvisable.* The Surgeon (Mr. JEFFERYS) saw the deceased the same evening; he yielded to the opinion of the Physician, *that no operation could be performed.* The operation alluded to was the tying the artery. The deceased, after this, sank and died, *partly from the disease of the chest, and partly from the inflammation which ensued in the arm* FROM THE TIGHTNESS OF THE BANDAGE WHICH HAD BEEN APPLIED TO STOP THE BLEEDING. He died on Sunday night, before 12 o'clock. *I told Mr. Jefferys the* NATURE OF THE ACCIDENT *on the next morning after the accident.* Since death I have examined the body; there was acute inflammation found in the chest, which certainly did a great deal towards killing the man; some swelling and effusion in the arm, not necessarily dangerous. I am of opinion that he died from the joint causes of the inflammation of the chest with the irritation caused by the wound in the arm. The dressers are in the habit of bleeding patients. The name of the dresser who bled the deceased is —— BEASE, he appears about the age of two or three and twenty years; he came to George's Hospital about two or three months ago; he has constantly attended the Hospital. He was dresser to Mr. EWBANK.

W. COWELL.

MARTHA WHEELER, widow of the deceased, on her Oath deposeth,—My late husband was admitted an outpatient of St. George's Hospital last Wednesday week; he had a kind of cough; he went there that day; I did not accompany him. Soon after he sent my little girl home, AND SENT WORD HE SHOULD SOON RETURN HOME; he remained there a long time, and I went to the Hospital and saw him standing in the ward; *his arm was bandaged up;* he shook his head, and said, HE KNEW IT WAS ALL OVER WITH HIM. I saw him again in the evening of that day, he then said HIS ARM WOULD KILL him. I saw him again on Thursday, and every following day; he always said *he should not recover from his arm*, and begged I would not fret. I have applied at the

Hospital to know who it was that bled my husband, *but have always been refused the name of the person.*

MARTHA WHEELER.

Verdict.—Died FROM THE ACCIDENTALLY OPENING AN ARTERY IN THE ARM, AND FROM THE WANT OF PROPER ATTENTION.

It is unnecessary that we should make any comments on this case. Do not the facts speak home to every mind? Do they not exhibit a case of most atrocious negligence, and of the most disgusting ignorance? Yet bad and disgraceful as the affair is, is it a solitary instance of a human being having lost his life through ignorance and inattention in one of our Public Hospitals? No, it is not, and the experience of every week furnishes examples of nearly equal infamy. We have been on the spot, we have seen the relatives of James Wheeler, we have seen the jurymen who sat on the Inquest, and we do not hesitate to say, that if the affairs of St. George's Hospital had been differently conducted, Wheeler would have been living at this moment, and assisting his unfortunate widow and her infant children. Here is a man who from some trifling indisposition went to the hospital on a *Wednesday* afternoon, at four o'clock, for advice, as he entered the door a tradesman, of the name of Pugh, saw him cheerful and smiling. On the *Sunday* night following he died from the injury which was inflicted by a person who was incompetent to perform the simple operation of *bleeding*. The artery was punctured, the arm bound up to stop the hæmorrhage, the bandage tied so tightly, that the circulation of the blood became completely stopped, and upon the removal of the bandage, *three* days afterwards, the arm was found in the most horrid state of inflammation and mortification. How can Dr. Chambers or Mr. Jefferys, and the other medical officers of the Hospital, reconcile it to their humanity to allow an unhappy creature to remain in the state in which this man remained for three or four days, without doing anything effectual for his relief? Oh! say they, we could do nothing for his arm because of the very violent inflammation of his lungs; so that, according to the doctrine of these gentlemen, preventing the return of blood from the arm, even to the production of gangrene, is likely to produce less injurious consequences than a slight, well-adapted pressure, or the tying of the brachial artery. Is it customary for *severe* cases of inflammation of the lungs to be unattended with difficulty of breathing? which was really the case here, and is it usual, Mr. House Surgeon, in your Hospital, to administer to persons labouring under inflammation of the lungs as much *wine and brandy* as they can drink? Yet such was the practice adopted in this man's case for more than fourteen hours previous to his death. Is not this fact alone a complete refutation of there having been severe inflammation of the lungs? Is it not evident that the joint causes which produced this individual's death were *ignorance* and *negligence?* Did not the tightness of the bandage com-

pletely stop the circulation of the blood, and thus occasion the mortification of the limb? But it is in fact perfectly useless to continue these interrogatories, and the bare facts are far more convincing than any arguments that can be employed. Indeed if we were to express a thousandth part of the indignation we feel at the sacrifice of human life that is here presented to our view, we should write a libel in every sentence. The wife of this unfortunate man is now, with two helpless children, deprived of the succour and protection of an industrious husband and the latter of an affectionate father. We do not believe that this disgraceful catastrophe is known to the Governors of the Hospital, for if it were, we do not suppose that poor WHEELER's widow would have been altogether neglected by them.

Several respectable tradesmen residing in the neighbourhood speak of her character as irreproachable, and some gentlemen of Knightsbridge have proposed to raise a subscription for her; should they proceed in it, we will strenuously promote their benevolent efforts.

It is the exposure of such culpable practices as the present which has given birth, in the minds of the "Hole and Corner Surgeons," to such a malignant hatred of THE LANCET; they are aware of their imbecility, and dread the scrutiny of public observation.

JOE-BURNIANA.

———— prior inquit ego adsum
Cur timeam, dubitemve, locum defendere?* JUV.

WE of the "rabble" who look not at the station a man may occupy, but at his moral rectitude and professional capacity for performing its duties—who are not blinded by the surreptitious splendour which may gild a name, or by the arrogant habiliments with which ignorance may invest itself—who, professing nought but an ardent desire to unmask hypocrisy, and expose ignorance and promulgate TRUTH, have, in pursuance of our avocations, once more to revert to the deeds of JOE-BURNS, the subterfuges of BELL, and (*horrens referens*) the misconduct of CARTWRIGHT. We are aware that our motives will be impugned by some; that a necessity for our strictures will be questioned by others; that the whole ar-

* Thus imitated:

———— first in the field,
With CARTWRIGHT for my Squire and BELL my spear and shield,
Till old NICK calls me hence to none my place I'll yield.

Mr. Joe-Burns is Senior Surgeon (*Surgeon?*) to the Middlesex Hospital, or rather, as they say, "*head* Surgeon," not in reference to *his head*, (although *illi marmoreum caput est*,) but because he is famous for *operations upon heads*.—See LANCET, Vol. 6th, pp. 83, 84. Some of the poets have feigned, that a liberal return is made, by old Charon, to generals, surgeons, executioners, and others who may have contributed indirectly to his revenue. If this be so, what a handsome independence must a *successful practice* of 40 years procure for some persons. The *untonsured* ferryman will doubtless find it a heavy disbursement.

tillery of malice will be pointed against us; that "hole and corner" doings will be multiplied to infinity; that the gold of wealthy, but ignorant, lecturers, wrung from the indigent and *unbenefited* pupil, will be expended to injure us—*sic placitum!* Still shall there be justice—still will we proceed in the straight path of our duty to display the anatomy of all Surgical Charlatans, and demonstrate, to the satisfaction of the public, the unnatural means by which these *fungi** extort their sustenance. We will show their haunts, where, as vampires, they prey upon the vitals of Charity, and expose their misdeeds to the execration of all honest men who will dare to think for themselves. *Burr* surgeons, and *privileged* lecturers, and college examiners!—delightful assemblage of infatuated dotage,—we will expose ye to the test of an ordeal from which nothing short of sterling merit can escape, and by which the worthlessness of your pretensions will be proved by their utter annihilation.

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* Vel potius *parasitus*, or perhaps we may liken some of them to the field *burr*, (*centaurea calcitrapa*,) or straw-thistle, which, when fastened on your clothes, is not easily removed. A *burr* doctor means a person who sticks to you like a leech, according to the maxim of Horace,

Non missura cutem nisi plena cruoris hirudo.

There are several *burr* surgeons at our Metropolitan Hospitals,—Joe Burns, Abernethy, Home, *et hoc genus omne*,—the former, however, is by so much the greatest *burr* we have ever seen, that we consider him quite a phenomenon, a sort of "rara avis," whose like we ne'er may see again.

At present, we shall proceed to submit to the scrutiny of the profession the so-often-mentioned case of John Moore, who was taken to the Middlesex Hospital in February last, and who died the following day. It will be fresh in the recollection of our readers, that this unfortunate patient was attended by Mr. Joe-Burns, and that a particular account of the whole affair was published in *The Lancet*.*

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* See vol. 6th, No. 10, pp. 311, 312, &c., from which the following outlines were extracted, and published in No. 1, vol. 7, p. 29:—

"1st. John Moore, æt. 32, admitted Wednesday, Feb. 23d, at half-past five in the morning, having an irreducible hernia since the preceding day at two o'clock in the afternoon. Taxis first by the Surgeon at Kilburn, and by the House Surgeon of the Middlesex immediately upon his admission.

2dly. Taxis by Joberns at nine o'clock—unsuccessful—urgent state of the symptoms at this period.

3dly. Taxis in the bath by the House Surgeon, at twelve o'clock, by order of Mr. Joberns—symptoms imperatively urgent.

4thly. One o'clock, *p. m.* Arrival of Mr. Bell, who, with Mr. Joberns, again employed the taxis—symptoms deplorable—scrotum black and blue—operation deferred!!!

5thly. Half-past four, *p. m.* Consultation!!! at which all the Surgeons were present—Mr. Cartwright's memorable expression.*

6thly. About five o'clock. The conversation between Mr. Joberns and the patient—Proposal to postpone the operation till the following day!!!—Dreadful state of the patient at this period, and his solicitude for an immediate operation—Reluctance of the Senior Surgeon.

7thly. About half-past five!!! The Operation performed principally by Messrs. Cartwright and Bell.—Lead-

* We regret that Mr. C. did not see the case earlier—his absence was occasioned by the mistake of his servants, who drove an *empty* carriage to the Hospital, supposing it to contain their master.

It will also be borne in mind, that Messrs. Cartwright and Bell were, on Tuesday April 5th, directed by the Weekly Board to draw up and lay before them a report of the *actual* state of the case; and accordingly, on the subsequent Tuesday, appeared the following manifesto, which we shall now present to our readers. It was stenographed at the time, but the extreme pressure of other matter has hitherto prevented its appearance. It is as follows:—

"John Moore was brought into the Hospital between five and six o'clock on the morning of Wednesday, February 23d. He was visited by the Surgeon at nine, and four times in succession during the day. The symptoms were very obscure throughout, but he was uniformly treated on the belief that the case was hernia, or rupture, as it proved to be.

There were *Two* circumstances remarkable in this man's condition:—

1st. A tumour on the scrotum of very unusual form and alarming appearance, the surface being black, with an emphysematous sensation communicated to the finger.

2d. An absence of those symptoms which usually accompany strangulated hernia, although he had bad countenance and great depression; he had neither hiccough nor vomiting, nor swelling of the belly, or tenderness upon pressure.

The questions which arose in the surgeon's mind will explain the treatment.

Could this blackness be a consequence of the condition of the strangulated intestine? If so, then the intestine was mortified, *and past all hope.*

Could the blackness arise from violence in the attempt to reduce the gut, or from a blow? If so, it indicated nothing as to the condition of the gut, or the necessity for operating, but much as to the conduct to be followed.

In the course of the morning it became the surgeon's opinion, this blackness arose from extravasation of blood, and had nothing to do with the condition of the inclosed gut, both because the blackness began somewhat to dissipate and because the symptoms did not correspond with mortification of the parts; therefore it was decided, that the patient was to be treated in the usual manner when there is a portion of intestine down and in danger of strangulation.

The reduction of a rupture by the hand is a very slow operation, and there is no danger from it when properly performed. When the first attempts fail, it is usual to employ a variety of other means before resuming the attempts at reduction; none of those means were omitted on this occasion, and on the supposition that the extravasation and blackness of parts resulted from attempts made to reduce the rupture before the patient was brought into the Hospital, it did not follow that those attempts should not be renewed; they were renewed, but failing, the operation was decided upon in consultation, and performed by the surgeon (Mr. Jobeins) with great care, and successfully as far as regards the immediate object of relieving the gut from stricture.

The intestine was found to be inflamed; that inflammation spread, and caused the death of the patient, to whom every attention was paid, from the time of his admission to his decease.

We cannot conclude this report without reminding the Board, they

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ing strings—Exemplary advice to a Senior Surgeon—'He knows THAT' 'It does not cut quite to the point'—'Don't hurry yourself.'—'Take the forceps, that is the sac.'—'Ah! Joberns, I thought you were going on well,' &c. &c.—Humiliating spectacle!!!

8thly. Subsequent treatment—Death of the patient, and its probable cause!—Reflections.

Such is a brief recapitulation of the outlines of this melancholy case, and it has never fallen to our lot to describe a scene so truly humiliating—so unequivocally demonstrative of the fatal effects of delay—or of the dreadful results of INDECISION!!!"

have taken up this matter on anonymous testimony; but we trust that the Board will proceed to the perfect vindication of their Senior Surgeon. We are conscious of having done our duty, and the matter is now in your [their] hands. We leave it to any one who reads the publication to say, whether it was written for the purposes of charity and justice, or to gratify some sinister feeling.

(Signed) R. CARTWRIGHT.
C. BELL."

Here then is a document upon which the decision of the Senate has long since been obtained, consequently it cannot be *now* said that we are writing to gratify "some sinister feeling." Our object is the promulgation of truth, which, without prejudice to any individual, lies at present in a deeper well than ever; and, as it would seem, far beyond the ken of such mortals as the senators of the Middlesex; with them, however, we have nothing to do at present, it is to the profession we appeal, and it is for their amusement that we have again reverted to a subject which, however serious in itself, becomes ludicrous in the extreme by being associated with the name of JOE BURNS. But we are digressing.

Having furnished our readers with the report of the Surgeons, we shall proceed, in the first place, to examine it *in se*, and afterwards in relation to our own.

We shall set out by admitting the truth of no less than *three* positions in this report, and our readers shall presently see that we could not, with any semblance of justice, have extended our liberality to more.

We will concede then—

1st. That John Moore was brought into the Hospital between five and six o'clock on the morning of Feb. 23.

2dly. That an operation was (nominally) performed by Mr. Joe-Burns.

3dly. That the patient died!

Having extracted the *truths* from the report, what remains is composed,

1st—Of the history (perverted) of the case.

2dly.—Fantastical reasoning and false principles of surgery.

And first of the latter:

"The *questions* which arose (mirabile!) in the surgeon's mind will *explain the treatment*"!!!

"Could this blackness be a consequence of the condition of the strangulated intestine? If so, then the *intestine was mortified, and past all hope*"!!! What was past all hope? the mortified intestine? Truly, if this be the meaning of the passage, the surgeons who signed the report must be mighty clever fellows, since it was reserved for them to discover that a *mortified part is "past all hope."* Why did not the wiseacres say at once, that a dead part was a dead part, or a dead intestine a dead intestine, and therefore past all hope? Oh dear! oh dear! oh lack-a-daisie! was it reserved for a Professor of the College to discover this? Verily we consider him already as one of the leaven.

But supposing the passage to mean, (which it does not,) that, because a part of the *intestine* "was mortified," the recovery of the *patient* was "past all hope," then these Surgeons have either demonstrated their *entire ignorance* of their *profession*, or have made a *wilful misstate-*

ment. We do not take them to be fools, and shall be the last to call them by a harsher name. We shall not multiply authorities, but shall content ourselves with quoting CHARLES BELL HIMSELF.*

Again, "Could the blackness arise from violence done in the attempt to reduce the gut or from a blow?" Worse and worse. "Could the blackness arise from a *blow?*" !!! Could it have been congenital, think ye? or, had the patient received a *blow*, could he not have told ye? !!! Well, well, it was neither congenital nor was it "caused by a blow." "If so," they continue, (if what?) "it (that is the blackness) indicated nothing as to the condition of the gut, or the necessity for operating, but much as to the conduct to be followed." Now, here we are told that, because a hernia is *irreducible*, it indicates nothing as to the necessity for *operating*, but much as to the conduct to be followed; which means, of course, to leave nature to do the best she can !!!

Once more, "In the course of the morning, it became the Surgeon's opinion, this blackness arose from extravasation of blood." Wonderful! So that "*in the course of the morning*" they discovered that the blackness was neither congenital nor "caused by a blow," that is, they found out, "in *the course of the morning*," that the patient had neither been *kicked* nor born with a black scrotum; in fact, that his scrotum only became black and blue after repeated applications of *the taxis* in the Middlesex Hospital !!!

Having satisfied themselves of this important particular, they continue, "therefore it was decided that the patient was to be treated in the usual manner, (i. e. in the manner usual with them,) when there is a portion of intestine down and in *danger* of strangulation." In *danger* of *strangulation* !!! How long a portion of intestine is in *danger* of strangulation, before it is *actually strangulated*, they do not inform us; but from the proposal of MR. JOB-BURNS to *postpone the operation to the following day*, (which, as all were present in consultation, all must be supposed to have sanctioned,) we may infer, that it happens at some period between 40 and 48 hours from its first descent !! which is something like the story of the Tronninghelm gardener, who, falling into a pond, remained under water for 16 hours, and afterwards perfectly recovered, as it appears, because he was only *in danger of* being drowned !!!*

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* In his Operative Surgery, Vol. 1st. p. 279, he says, "If in consequence of a *gangrened intestine, an anus* at the groin is formed, it entails a most uncomfortable existence. It has happened, that from the fortunate circumstance of the diverticulum Illi being in the sac, the patient has *perfectly recovered, notwithstanding* the *mortification* of the *intestine* !!! But I believe it has also happened, that after the sloughing has taken place, by the close union of the portions of the intestine, they have communicated by ulceration, and restored the food to its *natural course; and I conceive it practicable to ensure the formation* of this communication in the event of a portion of *gut sloughing off in the herniary sac.*" !!! So wrote CHARLES BELL, in 1814. What he has written or signed in 1825 the reader has already seen.

* See Anatomy, by John Bell, p. 197. Vol. 1st.

Again, "The reduction of a rupture by the hand is a very slow operation, and there is no danger from it, when properly performed," &c. Now, here we will put a simple question to these simple apologists. By your account, (which accords with our own,) the patient was admitted between five and six o'clock in the morning, and the operation was performed between five and six in the evening, (although *you* have not stated the time,) now, how does it happen that you, with all your ingenuity, have not accounted for this unpardonable delay? How comes it, that you have not even attempted to explain it, except by saying, that "the symptoms were very obscure throughout," which amounts, in fact, to an acknowledgement, that you did not understand the case, that you did not know it was a hernia till the arrival of Mr. Cartwright, eleven hours after the man's admission! But then you say, "he was uniformly treated on the belief that the case was hernia." Aye! so it seems!! and it further appears, that you wished the poor patient to enjoy this "uniform treatment" for at least 14 hours longer!!!* Verily the "reduction of a rupture by the hand is a *very* slow operation," and we will concede to you, "that there is no danger from it when *properly* performed," by which we mean *carefully performed, and for a short period only.* We have now pretty well disposed of your reasonings, and your principles of surgery. We come now to examine your misstatements, and shall then make some general remarks on the performance as a whole.

The following assertions are untrue

1st. That "the symptoms were very obscure throughout."

2dly. That there was "a tumour *on* the scrotum of very unusual form." A tumour *on* the scrotum!!! (risum teneatis?)

3dly. That "the symptoms which usually accompany strangulated hernia* were not present."

4thly. That there was no "tenderness" of the abdomen upon pressure.

But it is useless to multiply contradictions, as the reader will find a minute description of the case† in Vol 6th. No. 10. pp. 311 et seq. of The Lancet

It may be urged by some, that the account we have published is less likely to be accurate than the apologetic report of the Surgeons.

Be it so. Every man of common sense, who may read the account ren-

* See the interrogatories of Joe Burns in The Lancet, Vol. 6. No. 10. p. 312.—"Do you think you would like to run the risk of deferring it till tomorrow morning?" said the senior Surgeon, about five o'clock, p. m.—Now the earliest hour in the morning, that we can imagine him to mean, would be seven o'clock, making 14 hours as above, which is like reading a bill this day six months.

* It will be observed, that they here, in the first place, speak of "strangulated hernia," and afterwards of "intestine in *danger* of strangulation"? Thus making the catastrophe precede the plot!

† There is an error of the press, at page 317, 2nd column, eight lines from the bottom, (which was corrected in the subsequent number,) viz. for "wants some of the characters of a hernia, viz. swelling," read "wants some of the characters of a hernial swelling."

dered by Messrs. Cartwright and Bell, must see that it carries with it the impress of ignorance, not only of the case, but of many other subjects. It may not be amiss, however, to ask by what means these Gentlemen could become so thoroughly cognoscent as to the facts of the case.

Things of every day occurrence may be known in two ways;

1st. By observation.

2dly. By report.

Bell saw the patient at one o'clock, (six hours and a half from his admission.) Cartwright at half-past four, (11 hours from his admission.) What could they know of the case by the first method? The answer must be, Nothing satisfactory. All they knew, then, must have been by report, whilst our account was drawn up from actual observation, and it will be observed, that they have not attempted to invalidate the facts as stated by us, nor need they, for had their report been ten times more foolish than it is, (if it be possible,) had they indeed transcribed a page from Paracelsus or the Koran, it would have answered every purpose, would most likely have been received as a complete vindication of the senior Surgeon's conduct, and have entitled him, as this has done, to the thanks of the board!!!* Arcades omnes.

* We will tell this Conclave, with reference to their conduct on Tuesday last, to a poor but *honest* man, that several *gintlemin* are much more deserving of punishment than he. Alas! it is sad work

Where little sinners must submit to fate,
That great ones may enjoy the world in state. GARTH.

The case of the unfortunate person Moore has been long before the public, and our readers have now in their possession the vindication of the senior Surgeon, (as attempted by his colleagues,) and they will form their own opinion on its merits. Upon this report, it will be recollected the Board decided that the conduct of the senior Surgeon had been most exemplary, such as entitled him to their warmest thanks,* which were accordingly voted him, and, in return for the honour, the old gentleman penned the subjoined reply,† which is perfectly unique, and may, for aught we know to the contrary, have been written *before dinner*.

* It was rather a *warm* business altogether, as the manuscript speeches of DR. MERRYMAN and DR. SOUTHEY will testify. We have no room to chronicle bear gardens, or to exhibit the feats of a merry-man or a merry-andrew.

† "Gentlemen,

I can hardly express, how much I feel the value of your communication, in as much as it affords me the gratifying assurance, that I am in full possession of the confidence of so many respectable individuals and steady friends to the Institution. Whilst thus secure of your approbation, I shall continue to disregard anonymous attacks, and shall despise, as I hitherto have done, the dark designs of envy, ignorance, and malice.

The flattering manner in which you have been pleased to express your respect for that conduct which I have for more than 20 years endeavoured to maintain in my situation as Surgeon to the Hospital is, at the present moment, most gratifying to my feelings. It is the best answer to my enemies, and the most acceptable reward for the *services I have rendered the Charity*." (How very modest! Services quoth he.)

To conclude our analysis of this apologetical report, we will, in their own words, "*leave it to any one, who reads it, to say whether it was written for the purpose of Charity, or to gratify some sinister feeling*" !!!

REVIEW.

Practical Observations on the symptoms, discrimination, and treatment of some of the most important Diseases of the lower Intestines and Anus: illustrated by numerous Cases. (The Title would fill a page.) By JOHN HOWSHIP, Member of the Royal College of Surgeons, &c. London, 1821. 8vo. pp. 234. Longman and Co.

THE present work, we may presume, has now passed the ordeal of public opinion, consequently whatever we may have to say upon it can neither depreciate its merits nor extenuate its defects. All that is left to us is to give an impartial analysis of the contents of a volume which has lain so long neglected on our shelf. We say neglected, not in reference to any high opinion that we entertain of the book, but because, in yielding to the pressure of more interesting matter, we have hitherto deprived it of a *niche* in the pages of The Lancet.

The work is divided into eight Chapters,—

1st. On Contraction, or Stricture in the Rectum.

2d. On Ulceration of the internal surface of the Intestine.

3d. On the growth of Tumours within the Bowel.

4th. On the prolapsus Ani, or the descent of the Bowel.

5th. On hæmorrhoidal Tumours, or Piles.

6th. Fistula in Ano.

7th. On the Hæmorrhoidal Excrescence.

8th. On the best means of obtaining a regular state and action of the Bowels, as essentially conducive to the prevention of the above diseases.

For the present, we shall pass over the first Chapter of the work, which in reality contains nothing new; by and bye, however, we may have occasion to revert to this part of the author's performance, in order to afford a summary of the contents of the volume.

Chapter 2d.—On the causes of the disease.

And here there are many crude opinions, of which we take the following to be an example:—

"In some late researches," says he, "into the minute appearances of disease in the bones, I have unquestionably detected *absorption*, or, in other words, *ulceration*, unconnected with any character of preceding inflammation; and on the dissection of those who have died from disease in the alimentary canal, I have, in various instances, found so little trace of inflammatory action around spots of apparently recent ulceration, that I cannot help doubting whether, under some circumstances, *irritation* in the bowels may not establish some degree of *excitement sufficient to induce ulceration* without any distinct *appearance of inflammatory action*."—pp. 76, 77.

Here it may be observed, that the author has asserted some things and obscurely hinted at others. Thus, in the first instance, it is roundly stated, that "*absorption* implies nothing less

than *ulceration*;" and the author says he has "*detected it* (i.e. absorption) unconnected with any character of preceding *inflammation*;" than which there is nothing more likely. In the next place, having, as he supposes, established the identity of absorption and ulceration, he goes on to infer, that "*irritation* in the bowels may *establish* some degree of *excitement* (prodigious!) sufficient to induce ulceration without any distinct appearance of inflammatory action." *Irritation* in the bowels may produce some degree of *excitement!* "If *anodynes* allay irritation, why then *may not anodynes* allay irritation?" Verily, SIMON, thou art outwitted, we have found thy prototype, and in merit thy ingenious query falls infinitely below the sage conclusions of our novel friend Mr. HOWSHIP! This irritation, the author conceives, may be "sufficient to induce ulceration without any distinct *appearance* of inflammatory action," and why? Because in various instances he has "found so little trace of inflammatory action around spots of apparently recent ulceration," therefore he infers, &c. Now, for our parts, we do not think it by any means remarkable that recent ulcers should now and then exist without any "trace of inflammatory action around them;" or, in other words, that they should not always be surrounded with a red edge, or by an ariola of injected blood vessels; and every one who has attended much o the appearances of ulcers will find, hat they as often want the author's requisites as they possess them. It is by no means remarkable, then, that this condition of an ulcer, which is common to all textures, should be frequently found to exist in the mucous membrane of the intestinal canal. There is consequently no reason for thinking, with Mr. HOWSHIP, that "irritation induces ulceration" in any other way than by producing inflammation. This postulate being, however, as he supposes, granted, he proceeds to consider the various causes "of irritation in the bowels," in which "acrimony in the bilious secretion, as a consequence of common cold," is most conspicuous. "Permanent excess of irritability" is next dwelt upon, and this point furnishes a good specimen of the author's general reasoning:—

"69. It seems probable that this state of permanently increased irritability, and the particular complaints to which it gives rise, *is frequently allied to a local scorbutic diathesis*, it is of importance to determine this point correctly, for if there is such tendency, nothing is more formidable in its ultimate results, nor any thing more easily removed, by early and proper attention. This opinion is rendered probable by the nature and tendency of the symptoms which, during life, I have frequently watched and considered; but is especially confirmed by the appearance after death, and particularly by the rapidity with which putrefaction sometimes takes place. The latter circumstance is well illustrated by an observation made by Dr. HUXHAM, who mentions a disease in the colon, which appears to me to have been the consequence of continued inattention to diet on the one hand, and continued neglect of medical advice on the other. The patient was of a bilious and scorbutic habit, subject to flatulence and cholic pains. These appear to have been unattended to, and he subsequently had tenesmus, and frequent bilious, purulent and fœtid stools, occasionally with blood; arising from the neglect

of the former admonitory disorders. The latter complaints, as might be expected, were not to be removed. His appetite unsteady, the action of his bowels always uneven, he languished out only two years of misery, having taken a great variety of medicines in vain, nothing but laudanum affording him even temporary relief. On examining the parts after death, the ileum was found in one part *inflamed from irritation*, while the colon was in a *gangrenous state*, and the internal surface of the rectum as black as ink, from complete mortification. The head of the colon had formed, through the medium of adhesion, an ulcerated opening into the rectum, by which most of the contents of the bowels were supposed latterly to have passed. But, although the patient had been troubled with a looseness before his death, *the greater part of the colon was stuffed up with indurated faeces*; the liquid parts of the fecal matter having passed directly into the rectum through the ulcerated orifice, while the more solid parts were retained in the colon. Another instance, somewhat similar, will be noticed presently.

70. *Inflammation alone may produce ulceration* in the mucous membrane of the bowels, but I have most commonly observed this change occur where *inflammatory action* has evidently operated in *connection with irritation*, from the presence of acrimonious matter in the intestines. In one instance I have found irritation from the long-continued passage of the urine through a fictitious opening in the rectum, in a case of diseased urethra and prostate gland, produce ulceration of the bowel, inducing a very irksome and distressing tenesmus, from which the patient could never be effectually relieved.

71. External violence may sometimes induce ulceration of the bowels, but provided the bruise has been moderate in degree, and that the intestine is not absolutely lacerated, the internal surface may separate by sloughing, and do perfectly well."—pp. 78, 79, 80.

It will be observed, that the case above cited is intended by its author to prove, that irritability "is allied to a *local scorbutic* diathesis," and he goes on to say, that "the ileum was *inflamed from irritation*," although he has just before told us, that *irritation* may produce *ulceration* at once without "any inflammatory action," page 77; which seems to us a contradiction of his former proposition. The patient, it appears, was subject to flatulence and "cholic pains," (which are *sometimes* very ambiguous.) These were *unattended* to, and he subsequently had tenesmus, and frequent bilious, *purulent*, and fœtid stools, occasionally mixed with blood, "arising," as the author correctly enough judges, "from the *neglect of the former* admonitory disorders." The patient lingered for two years, and the appearances, on dissection, are described above. Such are the facts of a case upon which it is attempted to build a theory, which, were it tenable, in itself would lead to very mischievous results in practice, since palliating measures would be employed where prompt ones are indicated. The "local scorbutic diathesis" and "cholic pains," appear to us to have been something more than the author supposes, and any one who views the subject dispassionately must, we presume, arrive at the same conclusion.

Speaking of Melæna, page 85, he says,—

"I am convinced that this disorder is a consequence of a particular stage of the *scorbutic diathesis*, although it is not always attended with the spongy state of the gums, which is one of the strongest general characters of that disease."

He then quotes a case from Mons

RODAMEL,* in which the symptoms were very similar to the description of the *morbus niger*, as given by HIPPOCRATES:—

"Regarding the history and treatment of melæna, M. RODAMEL has related a highly instructive case, in which blood first passed from the stomach by vomiting, and then downwards into the bowels, creating increasing distension, constant distress, with failing, irregular pulse, and cold sweats, the bowels obstinately refusing all impression from purging and injections; the mechanical irritation of the rectum, by the introduction of a large gum catheter its whole length, was followed by the evacuation of three large pot-fuls of matter, black and bilious; the abdomen was thus unloaded, and the patient, to all appearance expiring, gradually revived, and eventually recovered.

The same thing happened a second time, and was relieved by the same means."

The treatment of HIPPOCRATES is worthy of notice:—

"Give frequent purgatives, and if the season of the year permits, whey and milk; abstain from sweet, oily, and fat foods, and use rather such as are cold and laxative; if the patient be not too weak, take blood from the arm; if the belly do not answer, inject soft glysters; refrain from debauchery, venery, immoderate exercise, walking, acrid and salt foods, warm bathing. If these be complied with, the disorder will go off with age."—Hipp. Diss. II.

Upon the whole we do not see much of novelty in the author's account of melæna, and, as far as our experience directs us, the "scorbutic diathesis" (of which, by the bye, we know but little) does not usually show itself in patients afflicted with this complaint. HOFFMAN speaks of it as being frequent in his day among the common people of Martisburg, but does not hint at its being complicated with scurvy. In another place, however, speaking of sea-scurvy, he says, that "some patients sink under profuse *evacuations of corrupted blood*;"—and again, he speaks of profuse hæmorrhages from the nose, gums, *intestines*, &c. "Many," he adds, "are reduced to extreme weakness by a *dysentery*; others discharge *pure blood by the anus*, without gripes or diarrhœa." We have observed many cases of melæna in the London Hospitals, but in none did we find it in combination with scurvy. It will be observed, however, that our author's opinions on the subject, very much resemble those of Hoffman above quoted.*

The following case shows with what facility Mr. HOWSHIP establishes his diagnosis:—

"CASE 31.

Hæmorrhage from the Bowels from Ulceration.

A thin healthy young woman, hanging clothes from a second-floor window, over-reached herself, the line broke, dragged her out, and she fell on her side, with a twist of the back, upon the stones of a stable yard. I visited her the same day (Oct. 18, 1820), and directed a large blister to her side, and an opening mixture.—She said that, in the fall, the end of the strong busk of her stays, pushed violently in just above the bladder towards the back-bone, and at this point, which appeared to be about the middle of the arch of the colon, pressure was painful. For the first week, I persuaded her to keep herself abstinent, relaxed, and quiet, and had a second blister applied.

* Memoires de la Societé Medicale d'Emulation, tome vi.

* See also Tulpius Obs. Med. Lib. II. cap. xxx.

Nov. 6. For a day or two after the accident the pain on pressure, where the back had been bruised, was distressing, but this relieved by the blister she felt no more of it till Nov. 2 (the 16th day); on this day she had been washing, and supposed she might possibly have strained herself, when towards evening she felt violent shooting and prickling pains, her back and loins being worse than usual, with tenesmus, which, only a quarter of an hour after the pain began in the bowels, induced her to think she could pass a motion, but she only parted with more than half a pint of dark, coagulated blood, without other matter. Easier for an hour, she then felt the same pains return with a sensation of prickling and pinching, neither higher nor lower than the original spot, but extended occasionally a hand-breadth laterally. The second attack was about ten at night, and from this she was somewhat relieved by voiding half a tea-cupful of blood. The pains were so distressing, as to render her watchful and feverish: afraid to cough, sneeze, and even to breathe, on account of the pain.

The following morning she took an opening powder, and this, in a quarter of an hour, relieved her greatly, upon her passing about half a pint of red and fluid blood; she remained easier all the day, but on the return of night got little sleep, and that very disturbed.

Nov. 4. She made known what had happened, and I directed the infusion of roses to be taken frequently; this in two days set her so perfectly to rights, that she had no return of bleeding or pain, nor felt the least uneasiness on moderate pressure.

In this instance it appears to me, from the circumstances of the case, the bleeding came from the intestines, and that the part injured was the transverse arch of the colon: it also appears to me that the most probable cause of the bleeding, was the separation or sloughing of the bruised internal surface of the bowel, which, in casting off, had opened vessels of sufficient consequence to furnish the hæmorrhage that followed. The manner and course of the symptoms leave little room for doubt upon this point; and considering it as established, it is worthy of remark, that the part so soon assumed healthy action; as the patient only four days after the bleeding experienced no local inconvenience in any one respect, nor the least uneasiness in any part of her bowels, even under pressure."

So that, in spite of the protection afforded by the parietes of the abdomen, "the *internal* surface of the bowel" was sadly *bruised*, and the "most probable cause of the bleeding was the sloughing of this internal surface," so *bruised*, "which, in casting off, had opened vessels of sufficient consequence to *permit* the hæmorrhage that followed"! The patient "fell on her side with a twist of the back on the stones of a stable yard," and, consequently, the "strong busk of her stays" must have been uppermost, or nearly so, and could scarcely have done the alleged mischief when we consider, besides, that "she fell from a *second-floor* window"!

In Cases 6 and 7, there is said to have been *inflammation* of the *rectum*, although, for the life of us, we cannot discover them to be any thing more than common cases of constipation.

"CASE 6.

Inflammation of Rectum, with Retention of Urine.

I was called to visit a young man with constipated bowels, and retention of urine. He could neither pass his water, or had he the power of going to stool, although the inclination to both was urgent, and very painful.

His pulse was full and hard, and as he had not been in this state a great number of hours, I blooded him until syncope came on; very shortly after which he felt greatly relieved from the painful state of rectum, and also in the bladder. Both the bladder and intestines were soon after emptied of their contents upon the operation

of a brisk purgative, which completed his comfort and recovery.

CASE 7.

Chronic Inflammation of Rectum mistaken for Piles.

A lady, lately confined, had just gotten down stairs, but was still annoyed with a severe pain in the rectum. She had suffered frequently on going to stool, during the greater part of her pregnancy, but now expressed such dread of going to the water-closet, that her life was quite burthensome. She had complained to her medical attendant, who assured her it was piles, which a little castor-oil would remove. Her sufferings, however, continued, and she was brought in fainting from the water-closet, when my attendance was requested. I learned that her stools were scanty, but that she always experienced the greatest excess of pain in passing her motions. Her general health pretty good, she was not much inconvenienced when free from severe pain. On examining the rectum, I found it filled with hard lumps: I extricated as much as I could with my finger. Clysters were then employed, with active laxatives. The colon and rectum were successively emptied; in a very few days she was perfectly free from any complaint, and has remained so ever since, now many months."—pp. 42, 43, 44.

But the greatest novelty in the author's performance remains yet to be considered, viz. chap. viii., which is thus set forth in the title page, "Some suggestions upon a new and successful mode of correcting habitual confinement in the bowels, to *ensure the regular action of the bowels without the aid of purgatives.*" Among a great many trite and common-place sayings, there are, in this chapter, some original ideas, as the reader will perceive:

"249. Of the numerous diseases to which the human frame is subject, there are but few, very few, that may not either be produced, or greatly aggravated, by habitual derangement in the functions of the alimentary canal. The accustomed usages of society; the nature and quantity of the food we eat; the modes of exercise and of rest, together with our manner of clothing; all appear to me calculated to interfere, more or less, with the regularity of action, and consequently with the proper functions of the bowels. Upon these considerations, however, I confess myself to enter with some degree of diffidence, after having read the comprehensive, and beautifully eloquent papers of Mr. Abernethy upon this subject.

250. The original intention of the great Author of nature may be partially traced, in the diversity of provisions appointed for enabling the animal machine to support itself under the various circumstances in which it may be placed. The different systems of parts of which the body is made up, and the different functions assigned to those systems, display, on many occasions, the most admirable facility, as well as power, of harmonizing with each other, for the promotion of the general good, and the maintenance of health; no one proceeding independently, but each moving forward in unison with the rest. To point out, in illustration of the present remarks, the manner in which any accidental check to perspiration is compensated by an increase in the quantity of fluid separated by the kidneys; to observe how these glands will almost suspend their action when too large a proportion of fluid matter is passing off by the bowels in diarrhœa; or to advert to the temporary influence acknowledged by all the internal secreting organs under any material excess in perspiration, would be a superfluous task. As facts, these circumstances, and many others of a similar nature, are sufficiently familiar; they lead us at least to perceive that the general balance, for the regulation of which so many points have been wisely adjusted, is requisite and necessary for the general good of the economy.

251. The sedentary occupations unavoidably followed by multitudes in civilized life are unfavourable to health, and to the general diffusion of

healthy action. The vigour of circulation fails, every impression from external cold is more sensibly felt, suggesting a necessity for warmer clothing; and the habit of clothing the body too warmly is not unfrequently the means of permanently destroying the balance that ought to subsist between the bowels and the skin. Many persons have an extreme aversion to active exercise, although almost every one must have observed that a brisk walk on a cool day, provided the clothing is not quite impervious, is conducive not only to refreshment, but to the natural action of the bowels. The best proof that we generally sleep much warmer than is proper, is, I think, afforded by those who, from some accident, have been confined for a time to their bed; they all leave it in a comparatively reduced and exhausted condition!!!

252. As to food, Mr. Abernethy very justly remarks, that the ease with which it is obtained is one means of our swallowing much more than is necessary; and, as if excess in quantity was not sufficient, the very mode of its preparation is often such as to create heat, rather than promote digestion.

253. These, and many other circumstances, have a tendency to establish the habit of confinement in the bowels; and, as the known duty of the intestinal tube is that of transmitting its contents, and rejecting that which is no longer useful for the purposes of nutrition, it is natural to conclude that where activity is deficient, it requires to be excited; and upon this ground, stimulating or purgative medicines have been administered.

254. Purgative medicines, then, have the effect of exciting the bowels to action, inducing them to pass forward their contents. Medicines of this description have also the power of exciting, more or less considerably, an increase in the quantity of fluids poured into the intestinal canal.

255. There is yet another object to be regarded in the exhibition of purgative medicines, an object which is at least equal, or perhaps superior in importance to the rest; it is that of clearing the bowels, not from the refuse of the food, but from certain unhealthy matters, the result of morbid secretion, proceeding either from the internal surface of the intestines, or from some of the viscera immediately connected with them. The occasional existence of such matters has been adverted to by the earliest writers; but Mr. Abernethy is the first author who has placed them in a clear point of view, and given them their proper consequence, attributing to them, in many cases, an almost absolute influence in producing diseased structure, as well as disturbed function; although in a few instances, perhaps, the secret operation of this powerful cause of disorder has been somewhat over-rated.

256. A circumstance that occurred in the year 1808, while doing duty as surgeon to the 82d regiment, led me to believe, that in many cases of confinement of bowels, medicines may be so directed as to render purgatives unnecessary.

It happened that an elderly lady, residing at Scarborough, desired my opinion, requesting me to point out, if I could, some plan, by the adoption of which she might obtain a more regular action of her bowels. She had no complaint to make as to her general health; her appetite was good, and she slept well, neither did there appear to be any material defect in the condition of the digestive organs; the only objectionable circumstance being that of her scarcely ever passing a stool without the assistance of medicine. The advice, she said, she had always received from her professional friends was, that, when confined in her bowels, she should still have recourse to opening medicines; she added, that really she had taken so great a variety, and so large a quantity, that she loathed the very idea of going on, and felt extremely anxious to know if any plan could be suggested to render it unnecessary.

257. On reflection it appeared probable that this was an instance of deficient action from defective strength, and that, perhaps, by persevering for a time in the use of medicines calculated to restore tone, the bowels might recover the disposition, as well as the power, to propel their contents with regularity; at any rate, it appeared to me there could be no harm in making the experiment. I therefore first

ordered the decoction and tincture of bark to be taken daily. This, in a week, appeared to have done neither good nor harm; there was no heat of tongue or skin; but there had been occasion for castor-oil. Decoction of bark was next directed by itself; and in three weeks she thought her inside felt stronger, with less disposition to flatulence than before. In consequence of this amendment the medicine was continued for a month longer, within which period she found there was no longer any occasion to solicit the action of the bowels at all, a regular and easy motion occurring every day. This restoration in the tone and action of the bowels appeared likely to be lasting; for there had been no return of the complaint a year and half afterwards.

258. The adoption of a similar principle, with some slight modifications, has, in a variety of instances, enabled me to restore to the bowels the power of acting from their own impulse, without the perpetual necessity for being reminded of their duty. To set down particular instances would, I apprehend, be loss of time; neither have I preserved accurate notes but of very few. Some of the cases in which this treatment completely succeeded have been mentioned. I might enumerate many others, the results of which were equally satisfactory. For the present, however, it will be sufficient to observe, that I have, in some instances, at first combined the decoction of bark with a fourth part the quantity of infusion of senna, or with that proportion which answered the purpose of regulating the bowels, occasionally diminishing the quantity of the aperient, till the action of the bowels was observed to go on well with the bark alone." pp. 228—233.

The only case here cited to illustrate the author's opinions, is that of the old lady at Scarborough; the facts of which are simply these:—"She had no complaint to make as to her general health; her appetite was good, and she slept well, neither did there appear to be any defect in the condition of the digestive organs; the only objectionable circumstance being that of her scarcely ever passing a stool without the assistance of medicine." Decoction and tincture of bark were prescribed, which, in a week, "had done neither good nor harm; but there had been occasion for castor oil." Decoction of bark was next directed by itself, and in three weeks "she thought her inside felt stronger," and in a month more "she found that there was no longer occasion to solicit the action of the bowels at all." So that, after decoction of bark had been taken for two months, and after the bowels had been solicited for two months (and how much longer the author does not state), "a regular and easy motion occurred every day." In other cases he combined the decoction of bark with a fourth part of infusion of senna, or a small portion of Epsom salts, and it is by no means remarkable, that by restoring tone and vigor to the digestive organs, and by necessity to the system at large, the bowels should, in partaking of the general improvement, become more regular in their actions, and at length, as the author expresses it, "go on well with the bark alone," and, he might have added, without the employment of that or any other medicine.

We shall now take our leave of the author, and although we think that the works of M. Desault, Dr. Sherwin, and Mr. T. Copeland far superior, we are free to acknowledge that much useful information may be culled from the volume before us. The author is most happy as a compiler of facts and opinions, and this portion of his work

is consequently the most perfect. Some of his cases are instructive, whilst others only encumber the volume —many of his practical opinions are good, but his reasonings and attempts to theorize are, for the most part, ridiculous; and his work would have been more valuable had it been of half its size.

BIOGRAPHICAL SKETCH OF BECLARD.

Eminence in any profession is reached only by a few persons, and of these few more are indebted to accidental circumstances than to absolute merit for their preferment. How seldom does it happen, that native talent is fostered by the patronage of public approbation, when it has to contend against deep-rooted prejudice on the one hand, or force its way through inattention and neglect on the other. Genius is often chilled by the cool apathy of those on whom it leans for support; and industry is discouraged by withdrawing the prospect of eventual success. It was the good fortune of Beclard to advance with rapid strides from an obscure situation in society to the highest honours that could be conferred on him in that science to which he had devoted himself. National prejudices should give way to individual merit, and if we have been led to express our respect and admiration of the talents of Bichat, we must extend our meed of praise to his pupil, and his after-colleague, Beclard.

We had occasion in a former number to express our regret at the dissolution of this active and celebrated anatomist, and, considering that a short sketch of his life would prove interesting to the profession of this country, we have furnished ourselves with the necessary information from the most authentic source.

Pierre Augustin Beclard was born at Angers in 1785. His parents, although much respected, did not occupy a prominent station in society. They gave him a good education, and he happened to have for his schoolfellows Chevreul and David,* who distinguished themselves in the sciences in which they embarked. Even whilst at school, Beclard showed a great partiality to the liberal sciences; botany became his favourite study, and he succeeded in obtaining several prizes which were distributed at the *Jardin des plantes* of Angers. Bichat was at this time at the zenith of his glory, his fame reached every part of France, and extended itself to other countries. The praises given to this celebrated physiologist excited the most ardent desires in the mind of Beclard to follow the same pursuits, and to tread in the same steps. His parents opposed his wishes, and, instead of allowing him to study medicine, sent him to serve an apprenticeship with an ironmonger of Nantes. He had not been there long before his master sent him back to his parents, gravely assuring them that he was *fit for nothing*. The error so

* Chevreul is one of the most able chemists of the present day in France, and David ranks among the first of French sculptors.

usually committed by parents of sending their children to follow certain occupations, without consulting their natural taste, or their prevailing dispositions, was in no case more apparent than in that of consigning BECLARD to count out nails by the score, and to sell iron saucepans. They tried him in two or three other situations, but with no more success; he could not attend to them, mere mechanical occupations had no charms for a youth who had so early displayed a refinement of taste and considerable intellectual energy. His parents at last despaired of ever making him a useful member of society, and upbraided him for showing dispositions so opposed to his interests. Finding that he manifested no inclination for any pursuits but such as were scientific, at the solicitation of some friends, who, having more judgment, observed the bias of the youth's fancy, they consented to his attending a course of medical instruction at the Hotel Dieu of Angers. He entered upon his studies there with the modest expectation of being qualified only to practise as an *officier de santé*, the lowest grade in the profession of physic. Here he found himself in the right channel; he commenced his professional career with eagerness, and soon made himself master of the elementary principles of medicine and surgery. His progress was so rapid, that in the first year he was deemed competent to be admitted as an *elève interne*, a house pupil, or dresser of the hospital. He remained in the hospital four years, and during that time contracted an intimate friendship with the almoner of the institution, a man of learning and discernment, who recommended the parents of BECLARD to send him to Paris, as the only place calculated for the full development of his abilities.

BECLARD quitted Angers for Paris in 1808, and by great economy was enabled to maintain himself upon the slender allowance his parents were able to afford him. The hospitals of Paris were now open to him, and the prizes which he yearly obtained at the *Ecole Pratique* of the Faculté of Medicine soon marked him out as one of the most distinguished students. The situation of principal demonstrator became vacant; the competitors were numerous, but in the course of the public discussions which were held, BECLARD astonished the arbitrators by the display of a maturity of talent. From this point commences the public career of BECLARD; he succeeded to M. Dupuytren, who was called to the chair of Operative Medicine of the Faculté. Scarcely a sitting of the society of the professors was held but BECLARD presented some important pathological fact. The bulletins of the society are filled with his observations, and the Museum of the Faculté contains a great number of his preparations. His industry was very great, and about this period of his life, in addition to several papers inserted in the journals of the day, he wrote a very elegant thesis, entitled "A Dissertation on the Local Affections of the Nerves," and, in conjunction with M. JULES CLOQUET, translated from the English "LAWRENCE's Treatise on Hernia." He de-

voted himself with great assiduity to anatomy and surgery, and it was not long before his knowledge of them was applied to practice. An election soon took place for the office of second surgeon of the *Hotel Dieu*; at this BECLARD was unsuccessful, and he was appointed surgeon of La Pitié. Here, as well as at the infirmary of the Ecole, and at the Maison de Santé, where he frequently officiated for Professor DUBOIS, who had received him into his family, he displayed his accurate knowledge of anatomy, and his cool and collected manner of performing an operation could not fail to strike every one. As regards surgery, BECLARD has introduced several improvements in the mode of operating in cases of fistula of the parotid duct; in the partial amputation of the foot; in the amputation at the hip joint and shoulder, and in the extirpation of the parotid gland.

In 1818 he was called to the chair of Anatomy of the Faculté, which he occupied with the greatest honour. To an intimate knowledge of the subject he added a neat and elegant mode of elocution, so that he was enabled to display the science of anatomy with great richness and beauty. The passionate attachment which BECLARD felt for the science is evident in his writings, in which he has aimed rather to express himself simply than run the risk of being misunderstood, and on most occasions he has sacrificed the brilliant to the useful. In addition to the regular course of anatomical lectures, he gave a course of pathological surgery at the Hospital of La Pitié. In that stupendous work the *Dictionnaire de Médecine*, BECLARD took a very active part, and the greatest number of the articles on anatomy were inserted by him. BECLARD also undertook the revision of the second edition of BICHAT's excellent work on anatomy, and furnished to it several valuable notes. These notes were published in a separate volume in the year 1821, under the title of "*Additions a l'Anatomie generale de Xav. Bichat.*" In this volume BECLARD brought up the improvements and discoveries made in anatomy from the time of the publication of BICHAT's works in 1801 and 1812. This volume must have cost much time and trouble, as he did not confine himself to the writings of his own countrymen, but also availed himself of the information to be gleaned from the most important works on the same subject in German and English. It appears to have been BECLARD's intention to have published a complete treatise of anatomy, and as an introduction to such a work, he wrote a volume which he entitled, "*Elemens d'Anatomie generale*," and which appeared in the year 1823. This book contains a concise summary of all the information which he had acquired of the general tissues of the body. It is written in a methodical and vigorous style, and contains a great number of valuable anatomical facts.

His manners appeared at first sight rather reserved, and as if there was a coolness manifested in his behaviour, but such an impression soon wore off, and he was found to be affable and obliging. His library was open to all,

and his conversations were highly useful and instructive. Among the public services which BECLARD rendered to the state must be ranked the independent and manly manner in which he discharged his duty as president of the juries of the departments, vested with the power of admitting persons to practise physic as "officers of health." The just severity with which he did his duty in this situation tended very much to diminish the number of abuses which had before been committed by the admission of unqualified persons. BECLARD was esteemed no less for his talents than for his private character, he was the mediator and friend of contending parties, and by his prudence he escaped those political tumults which arose among the professors, but of which the sciences ought always to remain free. He did not escape, however, the efforts of intrigue, and during the reorganization of the Faculté of Medicine, in the year 1823, the students trembled with apprehension lest their distinguished and favourite professor should not resume his place. The merit of BECLARD, and his attachment to the science, overcame the designs of an intriguing faction, and he again filled that chair which he had so long graced. The assiduity with which he had applied himself to his arduous studies began to make a serious impression on his health, and he frequently complained of symptoms which indicated a chronic inflammation of the stomach, which gave way to a rigid and strict diet. The complaint, however, returned, from time to time, with increased violence, and in March last it was complicated with an acute cerebral affection, accompanied by erysipelas of the head. After lingering about eleven days, he died on the 16th of that month, notwithstanding every care and assistance which art and friendship could afford, in the 39th year of his age. During the first days of his illness, and during the remissions which he experienced in its progress, he was conscious of his dangerous situation, and delivered his opinion on the nature of his complaint as if talking of any other individual. The examination of the body discovered the following conditions: the brain and its membranes were very much injected with blood, and in the stomach was found the cicatrix of an ulcer that had penetrated through the two interior coats. The brain was well developed, and the anterior part in much greater proportion than the posterior. The general solicitude manifested during his illness, and the great consternation occasioned by the announcement of his death, are proofs of the great esteem in which he was held.

The professors of the *Ecole de Médecine*, a great number of the physicians of the capital, and more than two thousand students, attended his funeral, anxious to pay their last respects to their colleague, their friend, and their instructor. His pupils disputed for the honour of bearing his corpse to its last abode, and the empty hearse followed the large crowd of persons which assembled and passed through the city. This ceremony must have been very imposing, and this mark of respect shown to the remains

of BECLARD must prove how highly he was esteemed by the profession of the French capital. The people were astonished at such extraordinary pomp where the insignia of power were absent, and anxiously inquired the name of the individual to whom such homage was shown. It was repeated from one to another, "it is BECLARD, the son-in-law of Dubois," and the renown of this celebrated old man only gave an additional interest to the solemnity of the procession. In two hours the pupils arrived at the *Cimètere de l'Est* with their honourable burden, and would allow no other persons to place the earth over the remains of their illustrious master.

It is the custom in France to pronounce funeral orations at the graves of distinguished men, accordingly M. PELLETIER, jun., in the name of the Faculté de Médecine, delivered a very pathetic discourse, in which he expressed the sincere regret of that body at the decease of their professor, and paid a tribute of great respect to his character. M. RICHERAND was deputed by the Faculté to deliver the address, but he could not command his feelings sufficiently to do so, and M. PELLETIER was therefore called on. M. PARISET delivered an address in the name of the Academy, and M. ROUX in the name of Section of Surgery. M. ADELON addressed the persons assembled at considerable length as a private friend of BECLARD's, and one of his pupils presented, in the name of his fellow students, the last expressions of their sorrow and respect.

Thus has closed the short, but brilliant career of Beclard; he was endowed by nature with a powerful mind, and by his industry and application he succeeded, in a few years, in forcing himself to the summit of his profession; honoured by his colleagues, and respected even by his adversaries. Had he lived a few years more, no doubt the profession at large would have benefited by his experience and his extensive opportunities for observation; but,

Pallida mors æquo pulsat pede pauperum tabernas,
Regumque turres.

HYDROPHOBIA.

To the Editor of THE LANCET.

SIR,

If you think the detail of the following case of Hydrophobia sufficiently interesting, I will thank you to insert it in one of the numbers of THE LANCET.

I am, Sir,
Your obedient servant,
THOMAS RENWICK, M. D.

Liverpool, May 14, 1825.

John Duckworth, æt. 15, an apprentice to Mr. Rockliff, bookseller and printer in Castle-street, complained, on Monday the 18th of April, of pain in his head and limbs, attended with anorexia. On the following day he went to his master's office, but found himself so unwell that he immediately returned home. In the afternoon Mr. M'Donald, a respectable surgeon in Byrom-street, was requested to visit him. About eight o'clock p. m. he called, and found him labouring under great pain in the left side, with cough and dyspnœa. He passed a ligature over the right arm and bled him. Upon Duckworth turning his face toward the basin, whilst the blood was flowing, he was seized with sudden spasms in the muscles of the throat, and his countenance exhibited extreme symptoms of horror. A glass

of water was presented, which occasioned, on the instant, most violent convulsive motions. A similar effect was produced by a looking-glass placed before him. An inquiry was made if he had ever been bitten by a dog or other animal. An answer in the affirmative was given, and that it occurred about a month ago. The parts bitten were examined. The chief bite was upon the back of the second phalanx of the thumb, and a slight scratch was pointed out upon the inside of the second finger of the left hand. The cicatrices were perfectly healed, but a slight blush of redness appeared on that of the thumb. No attention had been paid to the wound in the first instance, nor had the bitten parts been excised or cauterised.

The blood taken away did not exceed twelve ounces. It had no appearance of buffy coat, nor was there preternatural tenacity in the coagulum. The serous fluid was in ample proportion.

Mr. M'Donald, together with Mr. Jeffrey, another respectable surgeon, in Great Cross-hall-st. visited Duckworth in the evening, at rather a late hour, and found the pain in the side, dyspnœa, and cough relieved by the bleeding. Twelve grains of submuriate of mercury and four grains of opium were ordered to be given to him in four divided doses, during the night.

April 20. They visited him again early in the morning. He had not been in bed, nor had he slept; had not taken food, except a biscuit, nor drink; appeared very miserable, and suspicious of any body entering the room, looking at them with an under and fearful scowl. His bowels had been freely acted upon, and his urine passed freely.

Mr. M'Donald requested me to meet him and Mr. Jeffrey at twelve o'clock at noon. I went to Duckworth's house in Gascoyne-street, and found there several medical gentlemen, who had heard of the case. They were in the same room with the boy, and were conversing upon the subject of hydrophobia, of the dog, and of the bite. The boy noticed the conversation, and said to his mother, "it is not the dog, is it?" She answered in the negative.

Twelve o'clock p. m. On the arrival of Mr. M'Donald and Mr. Jeffrey I sat down by him, asked him questions, which he readily answered, and placed my hand upon his, when he was not aware of my intention. He started violently. Upon telling him I wished only to feel his pulse, he allowed me to do so, and did not appear much agitated. It beat 104 in the minute, and was rather full.

Previous to seeing the case I proposed to Mr. M'Donald the administration of belladonna, as recommended at the old Infirmary some months ago, by Dr. Naegeli, and which had been mentioned since as having been used with success by Dr. Brera. In consultation, however, with the attending surgeons and the other medical gentleman present, it was thought more advisable to follow the plan of Dr. Fayerman, of Norwich, as related in the case of Charles Roberts, and reported in the second number of the sixth volume of THE LANCET.

It was resolved in the first place to bleed him again. Twenty ounces of blood were taken from the left arm. During the operation a basin of water was passed over him, and either from accident or design, a part of it fell upon his clothes. The splash discomposed him very much, made him start, and he was convulsed, but he soon recovered. At the moment he was becoming faint from the bleeding, a glass of water was presented, which he took readily into his hands, grasping it firmly. Although agitated and shuddering, he pressed it to his mouth. As the water passed over his lips, he rose up, as if he had been shot, with the most wild and convulsive start—his eyes were distorted, and his whole body excited to an extreme degree. The arm was now tied up. About one o'clock p. m. twenty drops of the liquor plumbi superacetatis were directed to be given upon sugar, and Mr. M'Donald's apprentice undertook to repeat the dose every hour.

Four o'clock p. m. We visited him again. No effect appeared to have been produced by the superacetate of lead, which he had taken to the amount of at least sixty drops; his pulse in frequency was 144, the same as soon after the last bleeding, soft and compressible, less firm than before, but not materially debilitated. In ap-

pearance and texture it was similar to that first drawn. It appeared as blood taken where no inflammation existed, or where the patient was in perfect health. If anything were shown by it, there was rather a greater proportion of serum, and less tenacity in the coagulum than natural.

Previous to our arrival, Dr. Emmerson, a navy surgeon, had entered the house, to whom Duckworth complained, speaking of the medical attendants, "that they had been giving him blood and sugar." When the blood was brought out for examination, he seemed uneasy, and said to me, "you are not going to give me more blood and sugar?"

Five o'clock, p.m. Mr. M'Donald and Mr. Jeffrey saw him again, and remained with him until seven o'clock. The spasms affected him more frequently and more severely. If the by-standers surrounded him, he seemed annoyed even by their breathing. Any rush of cold air, from the door being opened, made him start convulsively, and at one time, when his coat partially covered one arm, he appeared much annoyed, and eagerly thrust the uncovered arm into the vacant sleeve. He spat out very much viscous froth, to at least the extent of a pint, during their stay; and, in a most agitated manner, was almost continually attempting to draw it out with his fingers. He took out of a teapot a small quantity of brandy and water, but it required considerable efforts to swallow it. He had not taken any food since the morning of the preceding day.

Eight o'clock, p. m. We again visited him. Mr. Halton, who attended the late Mr. Nicholson, and who took so much pains in the examination of the body after death, as reported by Dr. Brandreth and several other gentlemen, were present. Duckworth's appearance was little altered from what it was at four o'clock. His pulse, however, could hardly be felt with any degree of certainty. It vibrated under the fingers, and I felt it for a few seconds, but it did not exceed 144 pulsations in the minute. As different individuals came in, he looked fearfully around. He spat much, did not throw it about the room, but received it into a towel.

Precaution was taken, that, if he became more violent, restriction might be used, and he was placed under the care of a late keeper of the Lunatic Asylum. He was, however, so far manageable as not to require these means to be resorted to.

Moxas were applied to the bitten parts, which he bore with considerable fortitude.

The spasms were diminished in frequency and force, and he strove several times to swallow water, in which he now and then succeeded, but it was uniformly followed by a convulsive motion, more or less violent, of the muscles of deglutition. He was sick once or twice during this visit, and threw up from the stomach a little fluid. No particular effect appeared from the action of the superacetate of lead, of which he had taken at least one hundred drops, unless the sickness or the feeble state of the pulse could be attributed to it. In the few cases I have seen of this horrible disease, the pulse has assumed towards its termination an equally debilitated state; but whether this may arise solely from the nature of the disease, from the medicines used, or from the two causes united together, it is hardly possible to determine. About 10 o'clock, p.m. he lay down and became more and more exhausted. After our visit, Dr. Jeffreys, who was invited by Mr. Wilkinson, surgeon, to see Duckworth, at half after 10 o'clock found him "lying upon his back, quite still, with his eyes and mouth half open, and insensible to any question asked. His pulse was distinctly felt in the left wrist, but the pulsation was evidently sinking and faltering. After examining it, and asking a few questions, Dr. Jeffreys observed his right hand to be spasmodically affected, by closing the fingers and writhing the fore-arm. The pulse in his left wrist was again examined, but could not be felt, and although it was evident he was dying, some minutes elapsed before such an impression was noticed." At a quarter before 11, p. m. he succumbed under the effects of this fatal distemper.

DISSECTION

Twenty-one hours after death, by Mr. Halton, in the presence of Drs.

Renwick and Jeffreys, Mr. M'Donald, Mr. Jeffrey, Mr. Wilkinson, Mr. Reynolds, and others.

Examination of the Head.

Upon dissecting back the scalp, it did not exhibit any undue degree of vascularity. The inner surface of the calvaria was turgid with blood. The dura mater presented a general scarlet blush, and upon raising it from the surface of the tunica arachnoidea, a preternatural adhesion was observed parallel to the course of the longitudinal sinus upon the left hemisphere of the cerebrum.

The tunica arachnoidea was observed to be opaque in patches, but this appearance was not general. There was not any effusion beneath it, between it and the pia mater.

The pia mater manifested a great degree of vascularity; a general vivid redness pervaded its whole surface. The vessels upon the surface of the cerebrum were gorged with blood.

Several horizontal sections of the substance of the cerebrum, displaying its medullary structure, exposed numerous bloody points, from which blood afterwards oozed; in fact, the substance of the cerebrum appeared injected with blood. Nothing remarkable was observed in the lateral ventricles, nor was there any deviation from the usual appearance in the plexus choroides of each side, or the velum interpositum connecting them. In the commissura mollis no deviation from its usual consistency was noticed. The pia mater investing the cerebellum was very vascular, but the substance of the cerebellum did not partake of the vascularity; its consistence was softer than usual. The medulla oblongata was natural, the theca vertebralis was very vascular. The bones of the skull were remarkably thin.

Examination of the Neck, &c.

The par vagum, carotid artery, and descendens noni were exposed, and no deviation from the natural appearance was observed. The cervical nerves were next examined, but the vascularity, so strikingly evident in a former case (as published by Dr. Brandreth in the last Edinburgh Medical and Surgical Journal, at the dissection of which I assisted), could not in the least degree be traced, nor did the deep or superficial nerves in the vicinity of the cicatrix manifest any blush. No appearance of inflamed absorbents could be traced. As moxas had been applied to the cicatrices, and had taken deep effect, nothing could be distinguished beneath them.*

Examination of the Pharynx, &c.

The mouth, fauces, and pharynx were free from inflammation. The œsophagus did not present any unusual appearance until it approached

* I may here mention, that in consequence of some degree of importance being attached to a peculiar structure, which was found underneath the cicatrices, in the case of Mr. N., as related by Dr. Brandreth, I resolved to remove, from the next case which occurred, some of this peculiar substance from beneath the cicatrix, with a view to ascertain what effect it would produce by inoculation upon a dog; and being called upon to open the body of a female who had died of this dreadful disease from the bite of a cat, I had an opportunity of carrying my resolution into effect. I found this peculiar appearance under the cicatrix, and removed two or three little bodies, of a brownish red colour, resembling vesicles, and which appeared to contain a fluid. I did not open them, lest I should lose what might possibly be virus. A day or two elapsed before I procured a dog; when I did, these bodies were dry; however, on the 23d of April, having exposed their interior by cross incisions, I inserted one upon the inner side of each hind leg, by passing a small scalpel between the cuticle and cutis previously, to make a space, and then lodged one vesicle in each place thus formed, so far under the cuticle that it was impossible for them to be removed, and afterwards applied adhesive plaster over the part. At the end of a week I removed the plaster; the wounds had healed and no appearance was left. The dog, up to this date, the 9th of May, is, with the exception of a catarrhal affection, quite free from any disease.

the cardia, where there were considerable marks of inflammation and some spots of extravasation. The inflammation extended into the stomach for some way surrounding the cardiac orifice, and the extravasation was arranged in a curious speckled manner. Upon laying open the stomach the inflammation and extravasation were not general over its mucous surface, but confined to the neighbourhood of the cardia. No aliment was found within it. The liver and spleen were healthy. The kidneys were remarked to be very vascular. The intestines were healthy with the exception of the ileum, which was found inflamed upon its inner surface about six or eight inches from its termination in the cœcum, and within it there was a secretion resembling bird-lime in tenacity and colour. The exterior of the intestines in the vicinity exhibited a slight blush of inflammation.

Examination of the Larynx, &c.

The larynx was natural in appearance. The trachea presented a slight blush of inflammation upon its inner surface at the lower part. The right lung was healthy. A number of firm adhesions were found in the right cavity of the chest. Upon the left side no adhesions were observed, but a considerable effusion of serum was noticed in the bag of the pleura. The pleura costalis of this side was inflamed; the pleura pulmonalis upon the upper and back part of the left lung was also inflamed, and the substance of the lung congested with blood. The heart and pericardium were healthy; but more than the usual quantity of serum was found in the bag of the pericardium.

As in the case of Mr. N., the inflamed appearance of the nerves led to the examination of the spinal column; not observing any thing peculiar in the nerves of the neck in this dissection, it was not considered important to expose either the spinal marrow or the nerves within the pelvis.

The following account of the dog which bit Duckworth is given by Mr. Lucas, veterinary surgeon in Liverpool; and Mr. Johnson, author of the Annals of Sporting, who had frequently seen rabid animals of the canine species, and who saw the dog before and after his death, has added his observations upon the subject.

Mr. Lucas was desired by Mr. Bretherton, the agent for the Wilderspool brewery, to look at a dog which had bitten a boy and a man, and had licked the finger of his brother, who had accidentally cut it with a pen-knife. His opinion was, that the dog was affected with hydrophobia. He had a strong inclination to gnaw any thing near him, and would have bitten him or any one else, if he had given him an opportunity by going within his reach. He ate, in his presence, three or four pounds of dead calf and lapped water. He died on the third day after Mr. Lucas first saw the dog. He was examined after death. His throat was very much swelled and inflamed. In the stomach there appeared livid spots, as if blood had been extravasated. There was an appearance in the intestines of a superabundance of bile.

Mr. Johnson says, the look of the dog was very suspicious; he had a peculiar glare in his eyes, a huskiness and, as it were, a weakened tone in the voice. He was chained up, but made repeated efforts to get at the bystanders, bit at every thing near him, gnawed baskets, &c. He repeatedly drank water and ate also. On the 21st of March he bit a man of the name of Tarleton, the son of a flour dealer in the north end of the town. The bite was in the arm, through his clothes. This man had moxas applied after Duckworth died; he has felt no other effects but the fear of consequences from the bite. The process of digestion seemed to have proceeded rapidly, as there was very little appearance of the food taken remaining in the stomach. The gentleman whose wounded finger was licked by the dog suffered the loss of a night's rest upon hearing that the boy was affected with hydrophobia. No other bad consequences have as yet occurred.

HOSPITAL REPORTS.

BARTHOLOMEW'S HOSPITAL.

On Thursday, May 19, Mary Ann Day, æt. 20, was brought into Queen's Ward, having swallowed arsenic. Her appearance, on being brought in, was similar to that which such cases put on. Her face was pale, pulse small, rapid, and wiry; an emetic having been administered previous to her admission, large quantities of warm water were given her, until excessive vomiting was produced. She was ordered an oleaginous purge, consisting of castor oil and manna, and a scruple of the subcarbonate of potass every sixth hour.

20th. No pulse to be felt; violent and excessive vomiting; the matter discharged of a greenish colour; face flushed; great restlessness.

V. S. *ad* ʒ xii. *et capiatur liquor sodæ.*

21st. No pulse to be felt; vomiting continued; symptoms much the same. To-day stimulants have been ordered, consisting of a mixture of spirit of wine and egg, foot bath, an enema of warm water, a blister to the epigastric region. Rep. potass. subcarbon. ℈j.; omit the soda water; tinct. opii v. m. pro re nata. The blister not rising, it was ordered to be repeated, as also the enema; bowels opened; was put on milk and arrow-root as diet.

22d. No pulse at the wrist; skin covered with a clammy perspiration; face flushed; very restless; never remaining but a few moments in one position. What she now vomits is of a blackish brown colour; ejects every thing the moment swallowed; complains of severe cramps in her feet and hands; second blister never rose; continues the same medicines.

23d. Much the same as yesterday; spasms a little better; the matter discharged of the same dark colour.

24th. The worst symptoms appear to have subsided a little; a slight indefinable fluttering felt at the wrist; voided her urine this morning for the first time, we believe, without assistance; cramps in her hands, and vomiting nearly ceased; this cessation however, appears but to have been from Nature's inability to carry on the contest, as the event has proved, for, gradually sinking, she died at two o'clock, a. m. on Wednesday morning, in perfect possession of her mental faculties. Previous to her death, her urine and fæces came away involuntarily.

With regard to the post mortem examination, we learn there was evidence of gastritis having existed; a more minute detail will be given next week. We simply state this fact to bear out our remarks.

The treatment of this case does not reflect much credit on the medical practice of the Hospital; the stimulating treatment was rash and injudicious; great depression might have been anticipated from the nature of the poison, as well as from the importance of the organ affected. Why leeches were not applied in the first instance in connection with the ACTIVE depletion of "ʒxij." perhaps some physician's pupil can inform us! The stomach should not have been interfered with after its contents were rejected; Nature should have been allowed an uninterrupted rest, or at most a sedative only administered. We have no doubt but increased excitement was induced by the exhibition of the Mist. Spirit. Vini; for what effect could this have on an organ under the highest state of irritation but that of adding fuel to fire. Can any one doubt the existence of gastritis; every symptom indicated its presence —the small rapid pulse, anxious countenance, great prostration of strength, pain in the epigastric region, with repeated vomiting, spoke too plainly the nature and importance of the mischief to allow of error in the prognosis. We remember a jeu d'esprit which appeared in print some years back, which we shall transcribe for the benefit of our readers:—

E'heu, in Latin, means alas!
So I was taught at school,
But now, Sir, Hue denotes an ass,
A lecturer and fool.

The other accidents admitted this week, are, a man who was run over the epigastrium by a cart—burn—two

dislocated shoulders — three broken arms—two broken legs—fractured patella—a man with rupture of the cornea and protrusion of the iris, produced by a blow from a cricket ball—compound fracture of elbow joint—fractured thigh—fractured ulna and dislocation of radius—fractured tibia and fibula.

On Friday, Mr. LAWRENCE performed the posterior operation for soft lenticular cataract of the right eye, on Stephen Turner, æt. 64. A day or two previous, a solution of the extract of belladonna was dropped into the eye night and morning. Mr. L. with the needle in his left hand, perforated the conjunctiva and sclerotica, about the eighth of an inch behind the circumference of the cornea, a little above the middle line, and passing it on between the iris and lens, until it became apparent through the pupil; next lacerated the capsule and lens by several strokes of the needle. The man was sent to bed, excluded from the light, and cold cloths laid on the part. In the evening, he complained of pain in the eye, and had twelve ounces of blood taken from the arm. He has since done very well.

On Saturday, at twelve, the theatre was crowded, the pupils hoping to witness the operation of lithotomy by Mr. L. on a child about three years old. The staff being introduced, Mr. L. declared, that although he was certain of its presence a day or two ago, no stone could he now feel. Mr. VINCENT and Mr. STANLEY both convinced themselves of its presence; but Mr. L. still retaining his doubts, postponed the operation till Saturday next.

ST. BARTHOLOMEW'S HOSPITAL.

"I do remember an Apothecary,
And hereabout he dwells."

To the Editor of THE LANCET.

SIR,—Among the numerous impositions practised on Pupils attending the Surgical practice of this Hospital, there is one, which, (as an advocate for justice and a zealous promoter of science,) I'm sure, you cannot but reprobate in the most severe terms, viz.—

The impossibility of the Surgeon's Pupils obtaining a knowledge of the medicine prescribed by the Surgeon. The Dressers themselves labour under the same disadvantage. Be it remembered, that six months ago, a dresser had the privilege of prescribing medicine for the patients allotted to his care. At this present moment, that same dresser is not able, in fact is not permitted, to know what is prescribed.

This, however, is not a species of "bole and corner" mischief, arising from the part of the Surgeon. It is from the dastardly spirit of one holding a minor office of the "simplex munditiis," with reference to body, but of whose liberal and generous mind, "il ne faut dire rien."*

Is not this, I ask, an insurmountable barrier to the attainment of knowledge in the medical practice of Surgery—in that important branch in which the junior part of the profession come to London Hospitals particularly to be instructed? Is this scandalous and illiberal conduct to be carried on with impunity? if so, the Students at this Hospital, impeded in the progress of science, will remain for ever ignorant of the practice of an honourable profession.

Your early insertion of a former communication induced me to submit the above mentioned facts to your perusal.

I am,
Your obliged and humble servant,
6th May 1825. JUSTUS.

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* There is a Pharmacopœia entitled Pharmacopœia Nosocomii Regalis Sancti Bartholomei, which the Apothecary regards as private property, and will neither sell nor give to the Students. In what next will private property consist?

Want of room compels us to omit the Lectures, the Analysis of Foreign Medical Journals, the greater part of the Hospital Reports, and our Notice to Correspondents.

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